FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| 1919' | 1/0 | | | | |
|--------------------------|-----------|--|--|--|--|
| OMB APP | | | | | |
| OMB Number: | 3235-0076 | | | | |
| Expires: | | | | | |
| Estimated average burden | | | | | |
| hours per response 16.00 | | | | | |

| SEC USE ONLY | | | | | |
|---------------|--------|--|--|--|--|
| Prefix | Serial | | | | |
| | | | | | |
| DATE RECEIVED | | | | | |
| | 1 | | | | |

| Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series A Preferred Stock | |
|---|--|
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6 |) ULOE |
| Type of Filing: New Filing Amendment | 1.15.2171 6.21.01 1.2111 1.2111 |
| A. BASIC IDENTIFICATION DATA | |
| I. Enter the information requested about the issuer | |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) | 08059040 |
| Meredian, Inc. | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| 501 S. West Street, Bainbridge, GA 39819 | 229-246-7500 |
| Address of Principal Business Operations (if different from Executive Offices) (Number and Street, City, State, Zip Code) PROCESSED | Telephone Number (Including Area Code) |
| Brief Description of Business | |
| Bioplastic manufacturing SEP 0 4 2008 | SES |
| Type of Business Organization THOMSON REUTERS | Wail Propessing |
| | please specify): Section |
| business trust limited partnership, to be formed | AUO O 3 occo |
| Month Year | AUC 2 7 2008 |
| Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Statement (Enter two-letter U.S. Postal Service) | mated |
| CN for Canada; FN for other foreign jurisdiction) | □□ Washington, DC |
| GENERAL INSTRUCTIONS | - 103 |
| Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6). | or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. |
| When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given which it is due, on the date it was mailed by United States registered or certified mail to that address. | 3. A notice is deemed filed with the U.S. Securities below or, if received at that address after the date on |
| Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20 | 0549. |
| Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or bear typed or printed signatures. | ly signed. Any copies not manually signed must be |
| Information Required: A new filing must contain all information requested. Amendments need only repethereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC. | ort the name of the issuer and offering, any changes blied in Parts A and B. Part E and the Appendix need |
| Filing Fee: There is no federal filing fee. | |
| State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law this notice and must be completed. | Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall |
| ATTENTION | |
| Failure to file notice in the appropriate states will not result in a loss of the federal appropriate federal notice will not result in a loss of an available state exemption unlifiling of a federal notice. | exemption. Conversely, failure to file the ess such exemption is predictated on the |

| | | A. BASIC IDI | ENTIFICATION DATA | | <u></u> |
|---|----------------------|---------------------------------------|------------------------------|--------------------|--|
| 2. Enter the information re | equested for the fo | llowing: | | | |
| Each promoter of to | he issuer, if the is | suer has been organized w | rithin the past five years; | | |
| Each beneficial ow | ner having the pow | er to vote or dispose, or di | rect the vote or disposition | of, 10% or more o | of a class of equity securities of the |
| • Each executive off | icer and director o | f corporate issuers and of | corporate general and mar | naging partners of | f partnership issuers; and |
| Each general and r | nanaging partner o | f partnership issuers. | | | |
| Check Box(es) that Apply: | Promoter | ■ Beneficial Owner | Executive Officer | | General and/or Managing Partner |
| <u></u> | | | | · | |
| Full Name (Last name first, i Carraway, Daniel | f individual) | | | | |
| Business or Residence Addre 501 S. West Street, Bain | | | ode) | | 10000 |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, i Lindsey, Blake | f individual) | | | | |
| Business or Residence Addre | | | ode) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, i Dowdy, John | f individual) | | | | |
| Business or Residence Addre | ss (Number and | Street, City, State, Zip Co | ode) | | |
| 501 S. West Street, Bainl | oridge, GA 3981 | 9 | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | ✓ Director | General and/or Managing Partner |
| Full Name (Last name first, i | f individual) | | | | |
| Business or Residence Addre | | | ode) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, i Powell, Ralph | f individual) | | | - | |
| Business or Residence Addre | • | · · · · · · · · · · · · · · · · · · · | ode) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, i | f individual) | | | <u>.</u> | |
| Business or Residence Addre | ess (Number and | Street, City, State, Zip Co | ode) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, | f individual) | | | | |
| Business or Residence Addre | ess (Number and | Street, City, State, Zip Co | ode) | | |
| | 41. 11 | | additional conies of this s | hast on pagenger | |

| B. INFORMATION ABOUT OFFERING | | | | | | | | | | | | | |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---|----------------------|---|----------------------|----------------------|----------------|
| | | | | | | Yes | No = | | | | | | |
| 1. Has | • | | | | | Z | | | | | | | |
| 2. Wha | Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? | | | | | | | | \$ 7,00 | 00.00 | | | |
| 2. Will | at 15 (| ine minim | um mvesm | ioni mai w | 111 00 4000 | oted from a | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Yes | No |
| | | | permit joint | | | | | | | | | K | |
| com If a or si a br | 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | | | | | | | | | | | | |
| Full Nan | me (L | ast name | first, if indi | ividual) | | | | | | | | | |
| Business | s or R | Residence | Address (N | lumber and | Street, Ci | ty, State, Z | ip Code) | | | | | | · |
| Name of | ſ Asso | ociated Br | oker or Dea | aler | | | | | · · · · · · | | | _ | |
| | | | Listed Has | | | | | | | | | | <u></u> |
| (Ch | neck " | 'All States | " or check | individual | States) | | | ********** | | | | ☐ Ail | States |
| AL IL MT | | AK IN NE | IA NV | AR KS NH | CA KY NJ | CO LA NM | ME NY | MD NC | MA ND | FL MI OH | GA MN OK | MS OR | MO PA |
| RI | | [SC] | [SD] | TN | TX | UT | VT | [VA] | WA | [WV] | WI | WY | PR |
| Full Nar | me (L | ast name | first, if indi | ividual) | <u>.</u> | | | | | | | | |
| Busines | s or | Residence | Address () | Number an | d Street, C | ity, State, 2 | Zip Code) | | - | | | | |
| Name of | f Ass | ociated Br | oker or De | aler | | | | | | | | | - |
| | | | Listed Has | | | | | | | | | | |
| (Ch | neck " | 'All States | or check | individual | States) | ••• | | *************************************** | *************** | ****** | | ☐ Al | l States |
| AL TL M | T | AK IN NE SC | AZ IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | ME ME NY VT | MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK WI | MS OR WY | MO PA PR |
| Full Nat | me (L | ast name | first, if ind | ividual) | | | | | | | ••• | | |
| Busines | Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | | | | |
| Name of | Name of Associated Broker or Dealer | | | | | | | | | | | | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | | | | | | | | | | | | |
| | | | | | | | ☐ Al | l States | | | | | |
| AI IL M | Ţ] | AK IN NE SC | IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | CT ME NY VT | DE MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK WI | HI MS OR WY | MO PA PR |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| l. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and | | |
|----|--|-------------------------|--------------------------------------|
| | already exchanged. | Aggregate | Amount Already |
| | Type of Security | Offering Price | Sold |
| | Debt | | \$ |
| | Equity | <u>11,602,000.00</u> | <u>\$ 11,602,000.00</u> |
| | ☐ Common ☑ Preferred | | |
| | Convertible Securities (including warrants) | s | \$ |
| | Partnership Interests | s | \$ |
| | Other (Specify) | S | \$ |
| | Total | <u>\$_11,602,000.00</u> | \$_11,602,000.00 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | Number Investors | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | 120 | \$ 11,402,000.00 |
| | Non-accredited Investors | | \$_200,000.00 |
| | Total (for filings under Rule 504 only) | | \$ |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | | |
| | Type of Offering | Type of Security | Dollar Amount Sold |
| | Rule 505 | | \$ |
| | Regulation A | | \$ |
| | Rule 504 | | \$ |
| | Total | | \$_0.00 |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | | \$ |
| | Printing and Engraving Costs | | \$ |
| | Legal Fees | | \$_17,000.00 |
| | Accounting Fees | | \$ |
| | Engineering Fees | | \$ |
| | Sales Commissions (specify finders' fees separately) | | \$ |
| | Other Expenses (identify) Meetings, consulting fees, filing fees, public relations, promo item | | \$_65,000.00 |
| | Total | Z | \$ <u>82,000.00</u> |

| _ | | | | |
|-----|---|--|--|-----------------------|
| | and total expenses furnished in response to Part | offering price given in response to Part C — Que C — Question 4.a. This difference is the "adjuste | d gross | \$11,520,000.00 |
| 5. | each of the purposes shown. If the amount i | ss proceed to the issuer used or proposed to be used or any purpose is not known, furnish an estimated of the payments listed must equal the adjusted Part C — Question 4.b above. | ate and | |
| | | | Payments to Officers, Directors, & Affiliates | Payments to Others |
| | Salaries and fees | | s | |
| | Purchase of real estate | | | \$ |
| | Purchase, rental or leasing and installation o | f machinery | | |
| | and equipment | _ | _ | |
| | Construction or leasing of plant buildings an | S | \ | |
| | Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger) | | \$ | □\$ |
| | | | | |
| | | | | |
| | | | | |
| | | | | _ 🗆 \$ |
| | Column Totals | | | \$11,520,000.00 |
| | Total Payments Listed (column totals added) | | 11,520,000.00 | |
| | | D. FEDERAL SIGNATURE | | |
| sig | nature constitutes an undertaking by the issuer | by the undersigned duly authorized person. If this to furnish to the U.S. Securities and Exchange Con-accredited investor pursuant to paragraph (b) | Commission, upon writ | |
| Īss | uer (Print or Type) | Signature (/ / | Date | |
| | eredian, Inc. | Dillamo | 8-8 | 70-08 |
| Na | me of Signer (Print or Type) | Title of Signer (Print or Type) | | • |
| Da | niel Carraway | Chief Executive Officer | | |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

END

- ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)